

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034593

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 143Primary Registration District No. 5560Registrar's No. 70

FILED OCT 3 1962

1. PLACE OF DEATH

a. COUNTY Howellb. CITY (if outside corporate limits, give TOWNSHIP only)
OR
TOWNLength of stay in 1b
minutesc. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION2 1/2 Mi. W. Willow Sp.Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.b. COUNTY Douglasc. CITY
OR
TOWNInside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Rt. 3, CaboolReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RichardLavonSloan

4. DATE OF DEATH

Month

Day

Year

9/24/62

5. SEX

male

6. COLOR OR RACE

white7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/28/31

9. AGE (last birthday)

31

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
truck driver

10b. KIND OF BUSINESS OR INDUSTRY

Pepsi Cola Bot. Co.Pryor, Mo.

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Marion Arthur Sloan

13b. MOTHER'S MAIDEN NAME

Eloise Cosett Bowden

14. NAME OF HUSBAND OR WIFE

Wanda Lee Sloan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)
yes(If yes, give war or dates of service)
Korean War

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Wanda Lee Sloan, Rt. 3, Cabool

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broken Neck & small skull fracture

INTERVAL BETWEEN ONSET AND DEATH

instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

One car accident

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car left Highway and struck tree.20c. TIME OF INJURY
6:00Hour
a.m.
p.m.
Month, Day, Year
9-24-6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Hiway RR

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____, and last saw him alive on _____.
Death occurred at _____ approx. 6a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank CookCoroner

22b. ADDRESS

West Plains, Mo.

22c. DATE SIGNED

9-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

9/24/62

23c. NAME OF CEMETERY OR CREMATORY

Penner Cemetery

23d. LOCATION (City, town, or county)

Douglas County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Elliott-Gentry Funeral Home, Cabool, Mo.

25. DATE RECD. BY LOCAL REG.

9/29/62

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

OCT 19 1962
OCT 19 1962

OCT 9 1962

OCT 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4718

P. O. Address Cabool, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.